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PTO/SB/82 (01-06)

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**REVOCATION OF POWER OF
ATTORNEY WITH
NEW POWER OF ATTORNEY
AND
CHANGE OF CORRESPONDENCE ADDRESS**

Application Number	09/833,254
Filing Date	4/11/2001
First Named Inventor	Javors
Art Unit	3626
Examiner Name	M. Gottschalk
Attorney Docket Number	Javors-1

I hereby revoke all previous powers of attorney given in the above-identified application.

☐ A Power of Attorney is submitted herewith.

OR

☒ I hereby appoint the practitioners associated with the Customer Number: 27160

☒ Please change the correspondence address for the above-identified application to:

☒ The address associated with
Customer Number:

27160

OR

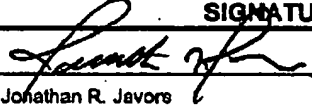
<input type="checkbox"/> Firm or Individual Name			
Address			
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I am the:

☒ Applicant/Inventor.

☐ Assignee of record of the entire interest. See 37 CFR 3.71.
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96)

SIGNATURE of Applicant or Assignee of Record

Signature			
Name	Jonathan R. Javors		
Date	February 10, 2006	Telephone	(219) 756-7800

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below.

☐ Total of _____ forms are submitted.

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